

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038502

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2877

FILED SEP 23 1963

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Eureka</u>		c. CITY OR TOWN <u>Eureka</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hy 44 1 mi W. of Eureka</u>		d. STREET ADDRESS (If outside, give location) <u>327 Birch, Times Beach</u>	
3. NAME OF DECEASED (Type or print) <u>Andrew B. Unover</u>		4. DATE OF DEATH Month <u>Sept</u> Day <u>15</u> Year <u>1963</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April 1919</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Assembly line driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chrysler</u>	
11a. FATHER'S NAME <u>Mark Unover</u>		11b. MOTHER'S MAIDEN NAME <u>Relda Nealey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>U.S. 2nd W.W.</u>		16. SOCIAL SECURITY NO. <u>Sarah Unover, Times Beach Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple injuries</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <u>Homicide by reason of</u>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>3 vehicle collision (driver)</u>	
20c. TIME OF INJURY Hour <u>8:15</u> Minute <u>approx</u> Month <u>9</u> Day <u>15</u> Year <u>1963</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>St. Louis Missouri</u>		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>D O A Co. Hosp. 9:28 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James M. Hickey</u>	22b. ADDRESS <u>Coroner Clayton, Missouri</u>		22c. DATE SIGNED <u>9/19/63</u>
23a. BURIAL CREATION, REMOVAL (Specify) <u>Sept 17, 1963</u>	23b. DATE <u>Sept 17, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hickman</u>	23d. LOCATION (City, town, or county) (State) <u>Stearns Ky.</u>
24. FUNERAL DIRECTOR <u>Mrs. John L. Hickey</u>		25. DATE RECD. BY LOCAL REG. <u>9-16-63</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy Md.</u>

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300
Rev. 4/59

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SEP 23 1963

OCT 21 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ralph Altmann

Licensed Embalmer No. 4808

P. O. Address Union Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.